

## Instructions for D-1 Monthly Remittance

Public Related Colleges & Institutions, AASIS, and Other

1400 West Third, Little Rock, AR 72201 Phone (501) 682-1517 or (800) 666-2877 Fax (501) 683-1210 Website - http://www.artrs.gov

## **EMPLOYEE CONTRIBUTIONS**

- 1. List Regular Contributory Salaries Total amount of Regular Contributory Salaries from your Short Report/Backup.
  - a. **List Regular Contributions Withheld & Remitted to ATRS** Total amount of Regular Contributions from Short Report/Backup. (Note: If Line 1 multiplied by 6% <u>is not</u> equal to Line la, fill out Section 1 on Explanation Sheet– Please include SSN, Name, Amount, & Supporting Documentation ex. Concise Check History.)
- 2. List Federal Contributory Salaries Total amount of Federal Contributory Salaries from your Short Report/Backup.
  - a. **List Federal Contributions Withheld & Remitted to ATRS** Total amount of Federal Contributions from Short Report/Backup. (Note: If Line 2 multiplied by 6% <u>is not</u> equal to Line 2a, fill out Section 2 on Explanation Sheet Please include SSN, Name, Amount, & Supporting Documentation ex. Concise Check History.)
- 3. **Total Employee Contributions** Add Line 1a and 2a.

## EMPLOYER CONTRIBUTIONS

- 4. **List Regular Contributory plus Regular Non-Contributory Salaries** Total amount for both Regular Contributory & Non-Contributory Salaries from your Short Report/Backup.
  - a. **List Regular Employer Contributions Remitted to ATRS** Total amount of Regular Matching from Short Report/Backup. (Note: If Line 4 multiplied by 14% <u>is not</u> equal to Line 4a, fill out Section 4 on Explanation Sheet Please include SSN, Name, Amount, & Supporting Documentation ex. Concise Check History.)
- 5. **List Federal Contributory plus Federal Non-Contributory Salaries** Total amount for both Federal Contributory & Non-Contributory Salaries from your Short Report/Backup.
  - a. **List Federal Employer Contributions Remitted to ATRS** Total amount of Federal Matching from Short Report/Backup. (Note: If Line 5 multiplied by 14% is not equal to Line 5a, fill out Section 5 on Explanation Sheet Please include SSN, Name, Amount, & Supporting Documentation ex. Concise Check History.)
- 6. **Total Employer Contributions** Add Line 4a and 5a.
- 7. **Total Due This Report** Add Line 3 and Line 6.
- 8. **Please List Check(s) Below** Fill in Table with Check #, Amount, and Total

A copy of your Short Report/Backup **MUST** be attached to this form.